

## Tackling the tough one

Three years ago, when it approved the Medicare prescription drug benefit, Congress also established a panel charged with finding out what the American public thinks about fixing the nation's health care system.

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There was more than a little irony in that move. After all, everyone in Washington knew the drug benefit would be frightfully expensive, and that it was being added before Congress had addressed the structural problems facing the Medicare program. In other words, even as it was making the nation's health care problem worse, Congress was asking the public for advice on how to fix it. Then again, study committees are a time-honored tool for postponing action on problems that Congress doesn't have the political courage to address.

Still, there is value in the work of the panel - named the Citizens' Health Care Working Group - if only because of its potential, however faint, to help spur Congress to act. Gas prices and the war in Iraq might be the top issues in America today, but health care is close behind. And it is a more enduring worry for many.

The Citizen's Health Care Working Group is coming to Cincinnati on Saturday, hosting a day-long community meeting at the downtown convention center. This won't be just a gripe session or a forum for lobbyists to advance their own interests. The meeting - one of the last in a national series - will be structured in ways designed to promote small-group discussions and encourage participants to reach a consensus on various issues.

The Working Group has put together a narrative outlining the existing health care system and the problems facing it. The report, available at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) (where you can also get details about the Saturday meeting), is a bit dense, but it's written in plain English and provides a useful basis for framing the discussion.

Saturday's meeting will focus on four broad questions:

**What health care** benefits should be provided?

**How should** health care be delivered?

**How should** health coverage be financed?

**What trade-offs** should be made to ensure access to affordable, high-quality health care service?

A lot of very smart people have been wrestling with these and other questions for decades now, and the search for answers has produced a wealth of experiments. Ohio, Kentucky and a number of other states, for example, have usefully extended Medicaid coverage to children well past the poverty line, and they're starting to get a better handle on pharmaceutical costs. Massachusetts lawmakers have just approved a program that essentially treats health insurance like automotive liability insurance - every resident has to buy it.

But none of the state programs, nor the private sector initiatives, can adequately address the systemic problems facing the health care system. Health care costs, for example, are increasing at an unsustainable rate. Even though it's become increasingly clear that every resident should be covered (if only against catastrophic injury or illness), more and more employers are dropping coverage for workers - and retirees. Those hit the hardest are the working poor - people who are playing by the rules, who are trying to get off or stay off welfare but have jobs that don't include health benefits. And lately even middle class families have been forced to buy horribly expensive insurance on their own.

None of this is easy. But all of us deal with it, one way or another, all the time. If enough ordinary people make it clear that they want Congress to act, something will get done. The meeting Saturday won't change the world, but it could be a small but useful step in the right direction.